

CROWSON  
VS  
WASHINGTON COUNTY

RYAN T. BORROWMAN

April 17, 2018



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April 17, 2018

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1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE DISTRICT OF UTAH, CENTRAL DIVISION

3 \* \* \*

4 MARTIN CROWSON,

)

)

5 Plaintiff,

)

) Case No. 2:15-cv-00880

6 vs.

)

) Deposition of:

7 WASHINGTON COUNTY,

)

et al.,

)

) RYAN T. BORROWMAN

8 Defendants.

)

9 \* \* \*

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11 **COPY**

12 April 17, 2018

13 1:00 p.m.

14  
15 WASHINGTON COUNTY TREASURER OFFICE  
16 197 East Tabernacle Street  
17 St. George, Utah

18  
19 \* \* \*

20 Linda Van Tassell  
21 - Registered Diplomate Reporter -  
22 Certified Realtime Reporter  
23  
24  
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April 17, 2018

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| <p style="text-align: right;">2</p> <p style="text-align: center;">A P P E A R A N C E S</p> <p>1 For the Plaintiff: Ryan J. Schriever</p> <p>2 SCHRIEVER LAW FIRM</p> <p>3 51 East 800 North</p> <p>4 Spanish Fork, Utah 84660</p> <p>5 For the Defendant Frank D. Mylar</p> <p>6 Washington County: MYLAR LAW, PC</p> <p>7 2494 Bengal Boulevard</p> <p>8 Salt Lake City, Utah 84121</p> <p>9 For the Defendant Gary T. Wight</p> <p>10 Larrowe: KIPP &amp; CHRISTIAN</p> <p>11 10 Exchange Place, 4th Floor</p> <p>12 Salt Lake City, Utah 84111</p> <p>13 Also Present: Brian Graf</p> <p>14 * * *</p> <p style="text-align: center;">I N D E X</p> <p>15 EXAMINATION PAGE</p> <p>16 By Mr. Schriever 3</p> <p>17 By Mr. Wight 46</p> <p>18</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p> <p>25</p>  | <p style="text-align: right;">3</p> <p style="text-align: center;">P R O C E E D I N G S</p> <p>1 RYAN T. BORROWMAN,</p> <p>2 called as a witness on behalf of the plaintiff,</p> <p>3 being duly sworn, was examined and testified as</p> <p>4 follows:</p> <p>5 EXAMINATION</p> <p>6 BY MR. SCHRIEVER:</p> <p>7 <b>Q. Please state your full name.</b></p> <p>8 A. Ryan T. Borrowman.</p> <p>9 <b>Q. How do you spell Borrowman?</b></p> <p>10 A. B-o-r-r-o-w-m-a-n.</p> <p>11 <b>Q. What is your date of birth?</b></p> <p>12 A. November 8, 1975.</p> <p>13 <b>Q. Where do you currently live?</b></p> <p>14 MR. MYLAR: I want to object to his</p> <p>15 personal address.</p> <p>16 <b>Q. Sure.</b></p> <p>17 A. Washington Fields.</p> <p>18 <b>Q. How long have you lived in Washington</b></p> <p>19 <b>Fields?</b></p> <p>20 A. Maybe four years.</p> <p>21 <b>Q. Do you have any plans of moving anytime</b></p> <p>22 <b>soon? Is that no?</b></p> <p>23 A. Yeah. No. Sorry, I forgot.</p> <p>24 <b>Q. I know you've had a chance to talk with</b></p> <p>25</p>   |
| <p style="text-align: right;">4</p> <p>1 your attorney about what a deposition is. I like to</p> <p>2 always explain a little bit at the beginning. Your</p> <p>3 deposition is my chance to ask you questions.</p> <p>4 You're under oath so you're obligated to tell the</p> <p>5 truth. What I'm after is your recollection and</p> <p>6 memories of events. I may also ask you for your</p> <p>7 interpretation of some facts --</p> <p>8 A. Okay.</p> <p>9 <b>Q. -- your mental impressions. If I ask</b></p> <p>10 <b>you for the mental impressions of other people, your</b></p> <p>11 <b>attorney will probably object.</b></p> <p>12 A. Okay.</p> <p>13 <b>Q. In most situations like that he can</b></p> <p>14 <b>object and I can still ask you to answer the</b></p> <p>15 <b>question --</b></p> <p>16 A. Okay.</p> <p>17 <b>Q. -- because we can try to figure out how</b></p> <p>18 <b>it is you come to think things or know things.</b></p> <p>19 A. Okay.</p> <p>20 <b>Q. He's preserving the objection for later</b></p> <p>21 <b>on if we have to go to court and I try to use it for</b></p> <p>22 <b>reasons he doesn't think is proper.</b></p> <p>23 A. Right.</p> <p>24 <b>Q. Along those lines, everything that you</b></p> <p>25 <b>or I or anybody here says is being recorded and will</b></p> | <p style="text-align: right;">5</p> <p>1 be written down in booklet. So if I do remind you</p> <p>2 to say yes or no if you've shaken your head, I'm not</p> <p>3 trying to be rude.</p> <p>4 A. Yeah.</p> <p>5 <b>Q. If you need to take a break for any</b></p> <p>6 <b>reason at all just let me know. That's not a big</b></p> <p>7 <b>deal.</b></p> <p>8 A. All right.</p> <p>9 <b>Q. If I ask you a question that you don't</b></p> <p>10 <b>feel like you can completely or honestly answer or</b></p> <p>11 <b>if you don't understand a question that I'm asking,</b></p> <p>12 <b>tell me that and I will do my best to try to</b></p> <p>13 <b>rephrase it.</b></p> <p>14 A. Okay.</p> <p>15 <b>Q. Any questions about the deposition</b></p> <p>16 <b>process?</b></p> <p>17 A. Not that I understand.</p> <p>18 <b>Q. Okay. What is your current job with</b></p> <p>19 <b>Washington County?</b></p> <p>20 A. I'm not currently employed with them.</p> <p>21 <b>Q. Where do you work?</b></p> <p>22 A. Riverview Medical as a doctor of nursing</p> <p>23 practice.</p> <p>24 <b>Q. When did you stop working for Washington</b></p> <p>25 <b>Jail?</b></p> |

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| <p style="text-align: right;">10</p> <p>1 A. Yes, there's courses there that we take.<br/> 2 I don't remember specifically but we do touch on<br/> 3 psychological and behavioral problems during those<br/> 4 years.<br/> 5 <b>Q. How about recognition of alcohol</b><br/> 6 <b>withdrawal symptoms?</b><br/> 7 A. Yes. Both in my LPN and my RN year.<br/> 8 And then we would also review those I think in our<br/> 9 yearly trainings, I believe. I'm not 100 percent<br/> 10 sure but I know it was very highly -- it's a highly<br/> 11 discussed topic since we see so many people. I<br/> 12 don't know if it was inhouse or in our yearly<br/> 13 training.<br/> 14 <b>Q. What yearly training did you do?</b><br/> 15 A. The county has yearly training. Just<br/> 16 staff training that they do.<br/> 17 <b>Q. And you address alcohol withdrawal</b><br/> 18 <b>symptoms specifically?</b><br/> 19 A. Not that I really -- I don't know that I<br/> 20 can recall exactly if it was specific or not.<br/> 21 <b>Q. Do you recall if it was specific to</b><br/> 22 <b>withdrawal from other types of drugs?</b><br/> 23 A. There was a section every year but maybe<br/> 24 I'm -- it seems like that's where it was at. I<br/> 25 can't recall exactly.</p> | <p style="text-align: right;">11</p> <p>1 <b>Q. How would you describe the training?</b><br/> 2 <b>What did they teach you?</b><br/> 3 A. Number one, to notice when somebody is<br/> 4 behaving differently and pupil dilation, those types<br/> 5 of things where they could be showing signs of being<br/> 6 on a stimulant, or pupil constriction that could be<br/> 7 showing signs of brain or alcohol, those types of<br/> 8 things. They tried to keep it pretty simple,<br/> 9 especially so deputies even would be able to<br/> 10 recognize it.<br/> 11 <b>Q. Did they have any type of assessment</b><br/> 12 <b>that you could do to determine the severity of</b><br/> 13 <b>withdrawals so they could determine what treatment</b><br/> 14 <b>is appropriate?</b><br/> 15 A. At the time -- I don't know if it's<br/> 16 there any longer but one of the nurses posted on a<br/> 17 little whiteboard that we had a thing that showed<br/> 18 specifically heroin and alcohol withdrawal but<br/> 19 didn't show anything for meth or -- but I don't even<br/> 20 know if that's there anymore.<br/> 21 <b>Q. Do you know what the criteria were?</b><br/> 22 A. Heroin you go through the -- there was a<br/> 23 point scale for like if you saw goose bumps or if<br/> 24 their pupils were dilated or if they were sweating,<br/> 25 tremors in their hands, those types of things, and</p> |
| <p style="text-align: right;">12</p> <p>1 you would add up the point system and that would<br/> 2 tell you how bad they were in heroin withdrawal.<br/> 3 Alcohol withdrawal, I don't recall there<br/> 4 being a point system but it was you were looking for<br/> 5 delirium and then you were looking for tremors and<br/> 6 looking for unstable vital signs. That's all I<br/> 7 remember. There could have been more but that's all<br/> 8 I remember of it.<br/> 9 <b>Q. Would that include an increase in</b><br/> 10 <b>anxiety?</b><br/> 11 A. For which one?<br/> 12 <b>Q. For alcohol?</b><br/> 13 A. I don't recall if that was on that list.<br/> 14 I know that I knew that, to be looking for anxiety<br/> 15 issues.<br/> 16 <b>Q. You say you knew that?</b><br/> 17 A. Uh-huh. Where I picked it up, I don't<br/> 18 recall. I don't know if it was on that paper.<br/> 19 <b>Q. How about hallucinations?</b><br/> 20 A. That would be delirium.<br/> 21 <b>Q. Is change in mental status something</b><br/> 22 <b>different than delirium?</b><br/> 23 A. No. That's what you would be looked for<br/> 24 with alcohol withdrawal.<br/> 25 <b>Q. How about a temperature above 100.4, is</b></p>  | <p style="text-align: right;">13</p> <p>1 <b>that something you would look for?</b><br/> 2 A. If it is, I don't remember that. I'm<br/> 3 sure it probably is but --<br/> 4 <b>Q. Increases or decreases in blood pressure</b><br/> 5 <b>and heart rate?</b><br/> 6 A. Right. Stable vital signs is --<br/> 7 <b>Q. What about insomnia?</b><br/> 8 A. That would be on the list but you would<br/> 9 have to take into account everything else for<br/> 10 insomnia to really be a specific concern. Pretty<br/> 11 much everyone in the jail could have insomnia just<br/> 12 because of the location. If someone just came to me<br/> 13 and said, "I've got insomnia," I wouldn't be<br/> 14 thinking alcohol withdrawal.<br/> 15 <b>Q. Okay. How about abdominal pain?</b><br/> 16 A. If that's on the list, I don't recall<br/> 17 it.<br/> 18 <b>Q. Changes in responsiveness of pupils?</b><br/> 19 A. Yeah. That would be the -- I think I<br/> 20 mentioned that already.<br/> 21 <b>Q. What about heightened deep tendon</b><br/> 22 <b>reflexes?</b><br/> 23 A. Yes.<br/> 24 <b>Q. Ankle clonus?</b><br/> 25 A. Yes. And that can also be back</p>  |

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| <p style="text-align: right;">14</p> <p>1 injuries, so that alone you wouldn't be thinking</p> <p>2 alcohol withdrawal.</p> <p>3 <b>Q. But if you saw somebody that had most or</b></p> <p>4 <b>all of these --</b></p> <p>5 A. Oh, yeah. It would be -- I would be</p> <p>6 thinking alcohol withdrawal.</p> <p>7 <b>Q. Okay. And did the jail have criteria</b></p> <p>8 <b>like this that you were required to use when</b></p> <p>9 <b>determining alcohol withdrawal?</b></p> <p>10 A. Mostly I went off memory. I don't</p> <p>11 remember if there was anything specific. We were</p> <p>12 all trained in that.</p> <p>13 <b>Q. Did the jail have criteria that you</b></p> <p>14 <b>would look at if you were considering a brain</b></p> <p>15 <b>injury?</b></p> <p>16 A. There was the Glasgow Coma Score --</p> <p>17 Glas-cow, however you want to say it.</p> <p>18 <b>Q. After Dr. Glasgow, who was a woman by</b></p> <p>19 <b>the way.</b></p> <p>20 A. I did not know that.</p> <p>21 <b>Q. It's on Facebook.</b></p> <p>22 A. It could be or couldn't be true.</p> <p>23 <b>Q. It's on the Internet. Any other</b></p> <p>24 <b>criteria you'd look at other than the Glasgow Coma</b></p> <p>25 <b>Score?</b></p>  | <p style="text-align: right;">15</p> <p>1 A. No. That was pretty much the deciding</p> <p>2 one.</p> <p>3 <b>Q. Are you familiar with the CIWA-AR scale</b></p> <p>4 <b>of alcohol withdrawal?</b></p> <p>5 A. Yeah. I wouldn't be able to -- I've</p> <p>6 encountered it. That was one of the scales that was</p> <p>7 used when I was working at Brookstone but I didn't</p> <p>8 commit it to memory. I wouldn't be able to recite</p> <p>9 it back to you.</p> <p>10 <b>Q. Okay. All right. While you were</b></p> <p>11 <b>working at the jail did you ever record notes or</b></p> <p>12 <b>charts outside of CorEMR?</b></p> <p>13 A. No, I didn't.</p> <p>14 <b>Q. And when you would make an entry into</b></p> <p>15 <b>CorEMR, was that your own account? You had a</b></p> <p>16 <b>password --</b></p> <p>17 A. Yes.</p> <p>18 <b>Q. -- that would log you in?</b></p> <p>19 A. Right.</p> <p>20 <b>Q. And if you entered a note, would it</b></p> <p>21 <b>automatically assign you as the person doing that?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. Did it also automatically assign a date</b></p> <p>24 <b>and timestamp?</b></p> <p>25 A. That was my understanding, although I</p>  |
| <p style="text-align: right;">16</p> <p>1 didn't look into how it actually did things and kept</p> <p>2 track in a database. I just assumed that it did.</p> <p>3 <b>Q. Did you have access to go back in and</b></p> <p>4 <b>change or modify any prior entries that you had</b></p> <p>5 <b>made?</b></p> <p>6 A. I think somebody could but if they made</p> <p>7 the change, I think it would track it. So I don't</p> <p>8 think you could make changes with it. That's my</p> <p>9 understanding. If it's possible, I'm not aware of</p> <p>10 how.</p> <p>11 <b>Q. Okay.</b></p> <p>12 A. But I think an administrator could</p> <p>13 unlock something but I would assume that that would</p> <p>14 be tracked, too.</p> <p>15 <b>Q. Was it your practice to always document</b></p> <p>16 <b>interactions when you were seeing patients?</b></p> <p>17 A. That was always my -- there were times</p> <p>18 that I would not be able to because of the workload,</p> <p>19 trying to go through and assess everyone, but</p> <p>20 because of the time constraints or how many people,</p> <p>21 there were times that I would not be able to.</p> <p>22 However, that being said, if there was</p> <p>23 ever a situation where there was something abnormal,</p> <p>24 I wouldn't -- I would always make sure that that was</p> <p>25 in.</p> | <p style="text-align: right;">17</p> <p>1 <b>Q. How about something routine like</b></p> <p>2 <b>checking somebody's vital signs, is that something</b></p> <p>3 <b>you would chart in CorEMR?</b></p> <p>4 A. If I were in charge of booking,</p> <p>5 probably -- same rules there. If it were a busy day</p> <p>6 I wouldn't always get it done. On the days that</p> <p>7 were slower and that we had time to get everything</p> <p>8 caught up, but I would take vitals with everyone</p> <p>9 even if I didn't chart it.</p> <p>10 <b>Q. Did you take vitals with everyone you</b></p> <p>11 <b>saw?</b></p> <p>12 A. I want to say yes. I'm sure there's</p> <p>13 some times when I may have missed somebody but to my</p> <p>14 recollection I always hooked the tree around, the</p> <p>15 vitals tree, especially if it were a detox or one of</p> <p>16 the med cells. I can't say that for some of the</p> <p>17 intake cells where the people were sitting there</p> <p>18 waiting for -- to be moved somewhere but in med</p> <p>19 cells, yes.</p> <p>20 <b>Q. How many inmates did you see on a daily</b></p> <p>21 <b>basis?</b></p> <p>22 A. In booking it would just depend on how</p> <p>23 many inmates were brought in and how many were in</p> <p>24 med observation. And then if I didn't have booking</p> <p>25 and I had kites and tasks, which are the medical</p> |

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| <p style="text-align: right;">18</p> <p>1 requests that the inmates put in, that could range<br/>2 anywhere from five to 25, just depending on the day.<br/>3 <b>Q. How is it that you would know what</b><br/>4 <b>inmates to see?</b><br/>5 A. I don't remember if CorEMR or if --<br/>6 there's a new computer system that they put in that<br/>7 they would be able to put it in on the kiosk. I<br/>8 don't recall if that was active at the time. And,<br/>9 if it wasn't, then they would put in a medical<br/>10 request kite. There's a box in every single block<br/>11 that they can just go up, grab one, fill it out and<br/>12 then they put it into a little box that the deputies<br/>13 get. So we'd get -- we call them kites because the<br/>14 inmates would say they were flying us a kite or<br/>15 flying a kite to whatever and they would -- we would<br/>16 get those every day. We would see everyone for the<br/>17 kites every day that came to us.<br/>18 <b>Q. You mentioned some different areas. One</b><br/>19 <b>was booking, one was med observation cells --</b><br/>20 A. Whoever had booking had med observation<br/>21 cells.<br/>22 <b>Q. Okay. And then you also had just the</b><br/>23 <b>general population, right?</b><br/>24 A. Yeah. We called it doing kites and<br/>25 tasks.</p>  | <p style="text-align: right;">19</p> <p>1 <b>Q. Did people in the med observation cells</b><br/>2 <b>have to put in requests?</b><br/>3 A. No. We would see them multiple times a<br/>4 day, so whoever was in charge of that would go up<br/>5 there. Initially they would do vitals on everyone<br/>6 and then from there they would walk through multiple<br/>7 times a day in booking to look over them.<br/>8 <b>Q. Does that mean that you went in and took</b><br/>9 <b>vitals on the inmates multiple times per day?</b><br/>10 A. Each nurse normally would do it one<br/>11 time.<br/>12 <b>Q. Any other times to check them to see if</b><br/>13 <b>they're responsive?</b><br/>14 A. Skin color, if they were sleeping, if<br/>15 there were respirations, if they were talking to<br/>16 themselves or just anything abnormal.<br/>17 <b>Q. If it was abnormal, then you would note</b><br/>18 <b>it.</b><br/>19 A. Yeah.<br/>20 <b>Q. If it was normal then --</b><br/>21 A. Then I wouldn't.<br/>22 <b>Q. In the medical observation cells was it</b><br/>23 <b>your practice to be more vigilant about charting</b><br/>24 <b>things?</b><br/>25 A. It was my practice, yes. I tried. If I</p> |
| <p style="text-align: right;">20</p> <p>1 missed something it was either -- I can't think of a<br/>2 situation but just if something crazy was going on,<br/>3 maybe a suicide attempt or something in the back<br/>4 where we were completely distracted for a little<br/>5 bit. It would had to have been something really big<br/>6 for me to miss it, though.<br/>7 <b>Q. Is the medical observation cell the same</b><br/>8 <b>as the detox cell?</b><br/>9 A. Yeah. There's also some that are padded<br/>10 where if we feel somebody is a danger to themselves<br/>11 they would be there. And then for long-term stable<br/>12 patients that we wanted to observe but we were a lot<br/>13 more comfortable that they were stable, there were<br/>14 some cells that you could still see in there but<br/>15 they were different than the detox cells and they<br/>16 were technically medical cells but the terms are<br/>17 interchangeable. If they were brought up for<br/>18 medical observation, we wanted direct eyes on them,<br/>19 we would call one of the detox cells a medical cell<br/>20 where the deputies in booking had constant visual on<br/>21 them.<br/>22 <b>Q. Was there a deputy that would accompany</b><br/>23 <b>you when you would do visits in the med cells?</b><br/>24 A. Yes. Every single time. I couldn't go<br/>25 in there without a deputy.</p> | <p style="text-align: right;">21</p> <p>1 <b>Q. What about when inmates came back to the</b><br/>2 <b>exam room?</b><br/>3 A. There's a deputy there as well.<br/>4 <b>Q. Is that the same deputy throughout the</b><br/>5 <b>day?</b><br/>6 A. No. It could be a different deputy.<br/>7 Normally a deputy from booking would escort us in<br/>8 booking and a deputy from the blocks would escort us<br/>9 in the blocks. But it could, just depending on the<br/>10 need. I guess one of them may come up from the<br/>11 blocks to go around with us in booking but we<br/>12 couldn't be alone.<br/>13 <b>Q. Okay. Were you able to enter the</b><br/>14 <b>charting with CorEMR from the medical observation</b><br/>15 <b>cells?</b><br/>16 A. No.<br/>17 <b>Q. You would have to go back to the exam</b><br/>18 <b>room --</b><br/>19 A. Right.<br/>20 <b>Q. -- with your own computer?</b><br/>21 A. Uh-huh.<br/>22 <b>Q. Is that yes?</b><br/>23 A. Yes.<br/>24 <b>Q. My understanding is that Dr. Jim Larowe</b><br/>25 <b>was the medical director for the county.</b></p>   |



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| <p style="text-align: right;">22</p> <p>1 A. Uh-huh.</p> <p>2 <b>Q. Is that a yes?</b></p> <p>3 A. Yes.</p> <p>4 <b>Q. What's your understanding of what his</b></p> <p>5 <b>role was?</b></p> <p>6 A. He was the doctor. You couldn't do</p> <p>7 anything without the doctor okaying it. As a nurse</p> <p>8 you don't have that authority. So if you see</p> <p>9 something, you call the doctor and ask what he wants</p> <p>10 to have done.</p> <p>11 <b>Q. It is the doctor who is ultimately</b></p> <p>12 <b>responsible for the inmates' care, correct?</b></p> <p>13 A. That's how the entire medical system is.</p> <p>14 Not just there but nurses at the hospital, everyone</p> <p>15 reports to a doctor.</p> <p>16 <b>Q. Right.</b></p> <p>17 A. That's just part of the hierarchy.</p> <p>18 <b>Q. And the nurses, before they administer</b></p> <p>19 <b>medication, get an order from the doctor.</b></p> <p>20 A. Uh-huh.</p> <p>21 <b>Q. Is that a yes?</b></p> <p>22 A. Yes.</p> <p>23 <b>Q. And nurses before they draw blood have</b></p> <p>24 <b>to get an order from the doctor?</b></p> <p>25 A. Yes.</p>  | <p style="text-align: right;">23</p> <p>1 <b>Q. Nurses before they send anything out for</b></p> <p>2 <b>some kind of test like an x-ray --</b></p> <p>3 A. Yes, they do.</p> <p>4 <b>Q. Was there an x-ray at the jail?</b></p> <p>5 A. No. We had to send them to the</p> <p>6 hospital.</p> <p>7 <b>Q. Was there any type of imaging capability</b></p> <p>8 <b>at the jail?</b></p> <p>9 A. No. Not that I'm aware of.</p> <p>10 <b>Q. If you take a blood draw how would you</b></p> <p>11 <b>find the result of that?</b></p> <p>12 A. We would send it to our lab and they</p> <p>13 would send us the results.</p> <p>14 <b>Q. What are nurses authorized to do without</b></p> <p>15 <b>a doctor's order?</b></p> <p>16 A. The whole nurse structure is you can do</p> <p>17 a nursing assessment. We call it ADPI assessment.</p> <p>18 It's been a while since I did that. You're</p> <p>19 basically going through the same steps as a doctor</p> <p>20 in assessing, evaluating, implementing and going</p> <p>21 back and making sure that what is implemented</p> <p>22 occurred.</p> <p>23 You can do things like Gatorade if you</p> <p>24 feel like the patient is dehydrated, if you feel</p> <p>25 like the patient is -- there's nothing real medical,</p>  |
| <p style="text-align: right;">24</p> <p>1 really, I guess. You're just going through and</p> <p>2 doing an assessment to look for simple things that</p> <p>3 they can discuss with them, how they could better</p> <p>4 handle a situation. Just do some general things</p> <p>5 like that. I don't know if that's very clear but --</p> <p>6 <b>Q. Clear as mud. So this ADPI, that's an</b></p> <p>7 <b>acronym?</b></p> <p>8 A. Yes.</p> <p>9 <b>Q. A stands for assessment?</b></p> <p>10 A. Uh-huh.</p> <p>11 <b>Q. The D stands for diagnosis?</b></p> <p>12 A. Right. So you've got a nursing</p> <p>13 diagnosis which is different than a doctor's</p> <p>14 diagnosis.</p> <p>15 <b>Q. In what way is it difference?</b></p> <p>16 A. For instance, dehydration, for example.</p> <p>17 You don't necessarily have any supporting</p> <p>18 documentation like a lab result. You can't order</p> <p>19 lab results to be able to say a person is dehydrated</p> <p>20 but if they tell you, "I'm thirsty. I haven't been</p> <p>21 drinking a lot of water."</p> <p>22 So my diagnosis of dehydration may</p> <p>23 include talking to the doctor about it and getting a</p> <p>24 medical order for IV or something, something that I</p> <p>25 couldn't do as a nurse. But I could say, "Let's</p> | <p style="text-align: right;">25</p> <p>1 start pushing water. Let's have you drink. Let's</p> <p>2 get you some Gatorade." Does that clear it up any?</p> <p>3 <b>Q. So using this hypothetical then, you</b></p> <p>4 <b>could call the doctor and say, "Hey, I believe this</b></p> <p>5 <b>patient is dehydrated. Can we go ahead and start an</b></p> <p>6 <b>IV on them?"</b></p> <p>7 A. Right. If I felt like just standard</p> <p>8 things that a normal person could do, like drink</p> <p>9 water, were not going to be enough.</p> <p>10 <b>Q. Would it be standard practice for you to</b></p> <p>11 <b>make that type of a recommendation to a doctor?</b></p> <p>12 A. Yes.</p> <p>13 <b>Q. And the doctor could say yes or no?</b></p> <p>14 A. Yes.</p> <p>15 <b>Q. As far as planning goes, what does the P</b></p> <p>16 <b>stand for?</b></p> <p>17 A. That's where you start to -- you're</p> <p>18 going to come up with what you're going to do. So</p> <p>19 if the plan is talk to the doctor, get orders, then</p> <p>20 that's what you're going to do. If the plan is to</p> <p>21 hydrate with Gatorade, that's what the plan is. So</p> <p>22 it's just what you're going to do to try and address</p> <p>23 the diagnosis that you came up with.</p> <p>24 <b>Q. Okay. And what is the nurse's role in</b></p> <p>25 <b>planning as opposed to the doctor's role in</b></p> |

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| <p style="text-align: right;">26</p> <p><b>1 planning?</b></p> <p><b>2 A.</b> The nurse can't make any medical</p> <p><b>3 diagnoses, so to speak. So if they feel like a</b></p> <p><b>4 situation is needing more than just something</b></p> <p><b>5 simple, you have to talk to the doctor in order to</b></p> <p><b>6 see if he feels, number one, that something more</b></p> <p><b>7 needs to be done, or, if he agrees that you just</b></p> <p><b>8 need to do what you were going to do, push water or</b></p> <p><b>9 whatever. They're different. A nurse can't order</b></p> <p><b>10 things, so to speak, that isn't commonly available</b></p> <p><b>11 to the normal person at home, if that makes sense.</b></p> <p><b>12 Q. Sure. As a nurse was there such thing</b></p> <p><b>13 that you feel like a lot of times you knew what the</b></p> <p><b>14 inmate needed as far as treatment goes but you still</b></p> <p><b>15 needed to get a doctor's approval for that?</b></p> <p><b>16 A.</b> On almost anything that was related to</p> <p><b>17 drugs, alcohol, blood pressures, there were very few</b></p> <p><b>18 options available to a nurse. You could just give</b></p> <p><b>19 the inmate what's available to the general</b></p> <p><b>20 population. So a majority of what I did, anyway,</b></p> <p><b>21 involved the doctor.</b></p> <p><b>22 Q. Okay. And those conversations with a</b></p> <p><b>23 doctor, specifically Dr. Larrowe, would that consist</b></p> <p><b>24 of you calling him? I'm going to break this down.</b></p> <p><b>25 Would you call him?</b></p> | <p style="text-align: right;">27</p> <p><b>1 A.</b> Yes.</p> <p><b>2 Q. And my understanding is he was there at</b></p> <p><b>3 the jail one time a week?</b></p> <p><b>4 A.</b> Most of the time two times a week.</p> <p><b>5 Q. Two times?</b></p> <p><b>6 A.</b> Tuesday and Thursdays.</p> <p><b>7 Q. How many hours would he be there?</b></p> <p><b>8 A.</b> Just depends on how many patients he had</p> <p><b>9 to see. I've seen him there for as short as maybe</b></p> <p><b>10 30 or 40 minutes and a couple of hours, maybe. Just</b></p> <p><b>11 depends on what he had, if there was something</b></p> <p><b>12 complex or not. I don't remember that very well.</b></p> <p><b>13 It's been a long time.</b></p> <p><b>14 Q. Did he ever send out a PA or nurse</b></p> <p><b>15 practitioner --</b></p> <p><b>16 A.</b> Yes.</p> <p><b>17 Q. -- instead of him coming out?</b></p> <p><b>18 A.</b> Yes.</p> <p><b>19 Q. How often did that happen?</b></p> <p><b>20 A.</b> You know, that was so long ago. He</p> <p><b>21 hasn't had a PA or a nurse practitioner since</b></p> <p><b>22 before -- Amy, who was the nurse practitioner there,</b></p> <p><b>23 didn't want to come out so I couldn't tell you how</b></p> <p><b>24 long it's been but I think maybe the last one was</b></p> <p><b>25 Justin Brinkerhoff. That would be -- I don't</b></p>  |
| <p style="text-align: right;">28</p> <p><b>1 remember, but very rarely before that. I mean</b></p> <p><b>2 Justin would come out at that time but that was, I</b></p> <p><b>3 believe, long before this ever happened.</b></p> <p><b>4 Q. So your memory was in 2014 it was mostly</b></p> <p><b>5 Dr. Larrowe who would come?</b></p> <p><b>6 A.</b> I believe so. I could be wrong but --</p> <p><b>7 Q. Do you have any criticisms of the way</b></p> <p><b>8 that Dr. Larrowe handled inmates?</b></p> <p><b>9 MR. MYLAR:</b> Objection. Lack of</p> <p><b>10 foundation.</b></p> <p><b>11 MR. WIGHT:</b> Join.</p> <p><b>12 Q. You can still answer.</b></p> <p><b>13 A.</b> No. I felt like he -- I think he was</p> <p><b>14 very fair with then. I know that there was even a</b></p> <p><b>15 time or two that my perspective was that the inmate</b></p> <p><b>16 was lying or that all the data that inmate was</b></p> <p><b>17 giving me was not correct but when he went before</b></p> <p><b>18 Dr. Larrowe he seemed to really get down and go</b></p> <p><b>19 through all of the data and listen to them. He</b></p> <p><b>20 would make decisions that from my initial assessment</b></p> <p><b>21 I wouldn't have come to without digging as deep as</b></p> <p><b>22 he dug, so I think he really tried to do what's</b></p> <p><b>23 right for the inmates.</b></p> <p><b>24 Q. All right. Circling back to where we</b></p> <p><b>25 were. We were on a little side tangent for a</b></p>   | <p style="text-align: right;">29</p> <p><b>1 minute. You were talking about planning. So you</b></p> <p><b>2 had mentioned that you could call Dr. Larrowe. If</b></p> <p><b>3 he wasn't there on the site you could call him and</b></p> <p><b>4 you could have a conversation, correct?</b></p> <p><b>5 A.</b> Yes.</p> <p><b>6 Q. As part of that conversation was it your</b></p> <p><b>7 practice to give him the medical history of the</b></p> <p><b>8 inmate that you were observing?</b></p> <p><b>9 A.</b> Yes.</p> <p><b>10 Q. How about describing the symptoms that</b></p> <p><b>11 they were having?</b></p> <p><b>12 A.</b> Yes.</p> <p><b>13 Q. Did you give him your thoughts on what</b></p> <p><b>14 was happening with the inmate?</b></p> <p><b>15 A.</b> That would be standard for me, yes.</p> <p><b>16 Q. Did you also tell him, make</b></p> <p><b>17 recommendations as to what you thought would be</b></p> <p><b>18 appropriate treatment?</b></p> <p><b>19 A.</b> I didn't. I know of nurses that will do</p> <p><b>20 that but unless -- I would question him if I thought</b></p> <p><b>21 maybe he was making a decision that because I hadn't</b></p> <p><b>22 explained things but I wouldn't just tell him I</b></p> <p><b>23 think you need to do this.</b></p> <p><b>24 Q. But if you had sensed that he had maybe</b></p> <p><b>25 not understood the situation as you did, then you</b></p> |



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| <p style="text-align: right;">30</p> <p>1 would kind of follow up and provide more<br/>2 information, provide additional information.<br/>3 A. Right. Or he would oftentimes, if he<br/>4 didn't feel he understood it, he would say, "Okay, I<br/>5 want you to go up and check this out and this out<br/>6 and get more information for me."<br/>7 <b>Q. Okay. And then implementation, you</b><br/>8 <b>mentioned that is --</b><br/>9 A. That's when you take what the doctor<br/>10 ordered and you actually do it. So if he says give<br/>11 them blood pressure medication, you're going to<br/>12 administer blood pressure medication. So that's the<br/>13 implementation part.<br/>14 <b>Q. Are there some limitations in the jail</b><br/>15 <b>about implementing plans?</b><br/>16 A. I'm not sure I understand.<br/>17 <b>Q. Let me give you a hypothetical. Let's</b><br/>18 <b>say Dr. Larowe said to you, "Take a blood draw from</b><br/>19 <b>an inmate," but maybe his veins were scarred from</b><br/>20 <b>heroin use or some other thing and you were unable</b><br/>21 <b>to get the blood in that way, are there other</b><br/>22 <b>avenues you may have to try to follow up on</b><br/>23 <b>implementing that plan or do you abandon the plan or</b><br/>24 <b>what do you do?</b><br/>25 MR. MYLAR: Objection. Lack of</p> | <p style="text-align: right;">31</p> <p>1 foundation. Incomplete hypothetical and calls for<br/>2 speculation.<br/>3 A. So in that situation I would always send<br/>4 them to the hospital because they've got Doppler<br/>5 ultrasound that they can find veins. So even there<br/>6 I wouldn't say that we were limited because we have<br/>7 an ER that was always available to us.<br/>8 <b>Q. And then the evaluation part of the ADPI</b><br/>9 <b>method, what does that entail?</b><br/>10 A. You implement it. Sticking with the<br/>11 blood pressure example, you're going to start<br/>12 checking blood pressure and see if the blood<br/>13 pressure starts to improve over the next day or two.<br/>14 You're going to be tracking to see if what was<br/>15 implemented is working. And, if it's not, you're<br/>16 going to start over and start going through it. If<br/>17 it's working, you're going to keep tracking it and<br/>18 really kind of just goes from there. It doesn't<br/>19 circle back around.<br/>20 <b>Q. You take a step back and you look and</b><br/>21 <b>see is what we're doing working?</b><br/>22 A. Right.<br/>23 <b>Q. If not, what can we do different?</b><br/>24 A. Right.<br/>25 <b>Q. How often should you in a shift or in a</b></p> |
| <p style="text-align: right;">32</p> <p>1 week or in a day take that evaluation status where<br/>2 you're looking at what you're doing?<br/>3 A. It depends on what you're implementing.<br/>4 If it's like a blood pressure medication, some of<br/>5 those can be as effective as they're going to be in<br/>6 a half hour. Some of them are going to take three<br/>7 or four days to build up enough in the blood to<br/>8 change it, so it just depends on what it is you're<br/>9 implementing how quickly you feel you need to circle<br/>10 around.<br/>11 <b>Q. And the doctor isn't out there every day</b><br/>12 <b>so the nurse has to make that judgment call.</b><br/>13 A. It's the same in any medical situation,<br/>14 care center or whatever it is, the doctor is not<br/>15 there every day.<br/>16 <b>Q. As a nurse do you consider yourself the</b><br/>17 <b>eyes and ears of the doctor?</b><br/>18 A. Yes.<br/>19 <b>Q. And along with that requires critical</b><br/>20 <b>thinking, correct?</b><br/>21 A. Yes.<br/>22 <b>Q. Analysis?</b><br/>23 A. Uh-huh.<br/>24 <b>Q. Is that a yes?</b><br/>25 A. Yes. Sorry.</p>  | <p style="text-align: right;">33</p> <p>1 <b>Q. Have you reviewed any documents in</b><br/>2 <b>preparation for your deposition?</b><br/>3 A. I looked over my assessment, my initial<br/>4 assessment and then the note that I did to send him<br/>5 to the hospital.<br/>6 <b>Q. You did his initial assessment and</b><br/>7 <b>booking?</b><br/>8 A. Yes.<br/>9 <b>Q. Did anything stand out to you in that as</b><br/>10 <b>being --</b><br/>11 A. Abnormal?<br/>12 <b>Q. Yeah.</b><br/>13 A. No. The patient -- I actually remember<br/>14 him coming in. I had seen him before. I had<br/>15 multiple interactions with him. Not always on a<br/>16 medical. Just we like to talk to people. He denied<br/>17 having done anything. The officer I remember<br/>18 saying, "He says he hasn't done anything but we have<br/>19 been told that he did heroin a couple of days ago."<br/>20 <b>Q. So on the intake form it says that he</b><br/>21 <b>had done heroin a couple of days ago. Let me pull</b><br/>22 <b>it up. Page 488, are these your intake answers out</b><br/>23 <b>of CorEMR?</b><br/>24 A. Oh, yeah.<br/>25 <b>Q. Okay.</b></p>  |